

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DIAGNOSIS OF KIDNEY DAMAGE AND PROTECTION AGAINST SAME
Attorney Docket Number::	KOPCHICK5A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	John

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BT01 Rec'd PCT/PTC 10 FEB 2005

Middle Name::	J.
Family Name::	KOPCHICK
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	4 Orchard Lane
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45701
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Karen
Middle Name::	T.
Family Name::	COSCHIGANO
Name Suffix::	
City of Residence::	The Plains
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	11703 Channingway Blvd.
City of Mailing Address::	The Plains
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45780
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Amy
Middle Name::	N.
Family Name::	HOLLAND
Name Suffix::	

City of Residence:: Wooster
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 2518 Cleveland Road
City of Mailing Address:: Wooster
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 44691

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/0240 53	08-04-03
PCT/US2003/0240 53	Appln claiming benefit of 35 USC 119(e)	60/400,052	08-02-02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name:: Ohio University
Street of Mailing Address:: Technology Transfer Office, Unit 14, 340
West State Street
City of Mailing Address:: Athens
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 45701